

HIT Task Force

Utah's Health System Transformation ROADMAP: Using HIT, QI and Realigned Incentives



Focus	2nd Half - 2010	1st Half - 2011	2nd Half - 2011	The Vision
Consumer Engagement	Public Reporting Website - go live with phase 1 data (hospitals/ health plans) Public Reporting Website - develop phase 2 data (clinics) Study data for other consumer focused opportunities Develop HIE consumer engagement strategy	Public Reporting Website - Go live with phase 2 data (clinics) Develop PHR or other consumer engagement technology	Go live with phase 3 data set (expanded clinic data) Build and disseminate consumer HIE links	Credible information is available for consumers to make informed healthcare decisions
Provider Quality Data	Access data to begin validation process Complete validation study and present to Reporting Task Force Quality Reporter Requirement Development Medicaid Attestation in place by 03,38,41ii	Develop and finalize phase 3 provider data set Develop Quality Reporter Issue RFP for Quality Reporter (UHIN)	Use Quality Reporter to track impact of care process changes	Meaningful data, with benchmarks, will be available to clinicians for QI purposes
Meaningful Use and Care Process Redesign a. Adoption/Use of EHR b. HIE connectivity c. Quality Reporting d. Best Practices	Provider communication through UMA, UHA and others Target-375 MD's with signed contracts (REC) Best practices to achieve MU identified Provider Survey & submit SMHP/I report complete by 2011 Providers incorporate MU best practices	Target-another 375 MD's with signed contracts (REC) Additional Beacon best practices developed, including transitions in care	Target-first 300 MD's achieve MU Providers incorporate Beacon best practices in diabetes care and public health	All clinicians will meaningfully use state of the art HIT and care process redesign to improve care
Payment Transformation	Finalize Two Demonstration project plans (Maternity & Diabetes) Access data to establish baselines for projects OB Cost White Paper CHIPRA Payment Reform: Medical Home Care Coordinator	Telehealth Payment Policy Reform	Medicaid MU Incentives begin	Support innovation in healthcare reimbursement methods to reward the delivery of evidence based, high quality care
cHIE Implementation	Finalize consent model for pilot Connect four major hospitals Connect UofU/IASIS/ HCA Implement the business model Begin to connect 50% of non UU/non-IM primary care providers in SL MSA	Implement Lab ordering Connect 25% of rural hospitals and their providers	Add functionality for Intermountain patient worksheet Connect another 25% of rural hospitals and their providers	Connect all providers to a sustainable cHIE
HIT Infrastructure	DTS T1-Line needs Assessment FCC connections to Provider & RHC	FCC connections to hospitals and non-profit clinics	FCC work continues	All clinicians will have access to broadband internet services
Public Health HIE	Public Health Case Reporter (PHCR) requirement development (Beacon/ CHIPRA) Share Rx data PHCR development (Beacon/CHIPRA) and outreach (HIE CA) Design POLST process Develop M'Caid HIT Plan	Finalize PHCR and POLST Share newborn hearing screening results	Test PHCR and POLST	Timely and accurate exchange of public health data to improve population health

White tasks have been completed